

1/26/2015

Judge Martin Glenn-- Courtroom: 501

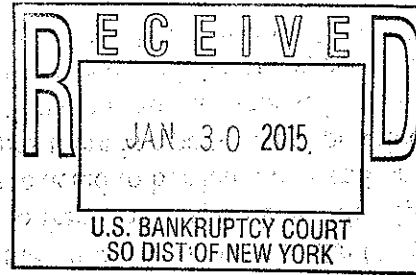
Case: 12-12020-mg

United States Bankruptcy Court

Southern District of New York

One Bowling Green

New York, NY 10004-1408



Dear Judge Martin Glenn,

As you are probably aware I am not an attorney but my claims appear to be against the US Treasury Department since GMAC, AKA ResCap is 74% owned by US Treasury according to TARP Special Inspector General's Report came out in January 30, 2013. Since it appears I only have two years from when this report came out to file and I have file a Torte Claim Form-95 with the relevant federal agency first before I can bring a court action against the agency, in my case the US Department of the Treasury. I have attached a copy of my claim form and mail receipts for the record

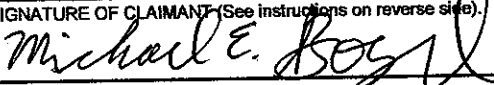
My claim alleges there is a pattern and practice of the US Treasury acting in retaliation for Claimant's exercise of his protest rights exercised under the First Amendment to the United States Constitution, including but not limited to the right to freedom of speech and the right to petition the government for redress of grievances, and have acted to burden, deter and/or chill the exercise of such free speech rights therein. Claimant alleges there is a pattern and practice of the Respondents engaging in Actions based on an unconstitutional animus, as opposed to a spirit of cooperation free from bias. Claimant, engaged in protected speech, and that the speech was a substantial or motivating factor in an adverse decision taken by the US Treasury Dept.<sup>1</sup> See *Hynes v. Squillace*, 143 F.3d 653, 658 (2d Cir.1998).<sup>2</sup>

God bless you,

Michael E. Boyd  
408-891-9677

<sup>1</sup> <http://www.calfree.com/Stimulus%2520Complaint.pdf>

<sup>2</sup> [http://scholar.google.com/scholar\\_case?case=7805881731673399158&](http://scholar.google.com/scholar_case?case=7805881731673399158&)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  Department of the Treasury Tort Claims Office 1500 Pennsylvania Avenue, NW Washington, D.C. 20220		2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Michael E. Boyd [THIS IS A CLASS CLAIM] 5439 Soquel Drive Soquel California 95073 phone: 408-891-9677 e-mail: michaelboyd@sbcglobal.net			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 09/26/1957	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT Unknown	7. TIME (A.M. OR P.M.) unknown	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  My claim is because my house in Soquel CA and Duplex in Sunnyvale CA are being taken by GMAC, AKA ResCap. AKA 74% Owned by Treasury Department through TARP and I am making payments for property that the government defrauded of. Now I didn't know about this until after Jan 30, 2013 when this the Special Inspector General for TARP put out his report. See <a href="http://www.sig tarp.gov/Audit%20Reports/Taxpayers_GMAC.pdf">http://www.sig tarp.gov/Audit%20Reports/Taxpayers_GMAC.pdf</a> I filed this lawsuit against the Treasury Department Case 1:11-cv-02128-JEB Document 1 Filed 11/28/11 <a href="http://www.calfree.com/Stimulus%2520Complaint.pdf">http://www.calfree.com/Stimulus%2520Complaint.pdf</a>					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  This claim is against Treasury's retaliation for protected Free Speech and the unconstitutional animus of government to refunds BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). I won against the Bank GMAC in US BK Court in NY. <a href="http://www.calfree.com/7859-BoydOpinion.pdf">http://www.calfree.com/7859-BoydOpinion.pdf</a> BK Court Decision in my favor <a href="http://www.calfree.com/12-17434rehearing_denied.pdf">http://www.calfree.com/12-17434rehearing_denied.pdf</a> 9th Circuit Rehearing Denied after that Mandate issued 1/2/2015					
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Because of the FTCA I can not sue the Treasury without filing this claim first and it being denied. My two properties are worth around a million each and GMAC has extorted around half a million dollars in payments for a total personal and property injury of compensatory value of \$2,500,000 for direct losses. I only have until 3/22/2015 to file for a writ of certiorari to US Supreme Court so if Treasury doesn't answer this Claim before 3/15/2015 claim goes to \$10,000,000 based on Unconstitutional Animus					
11. WITNESSES NAME ADDRESS (Number, Street, City, State, and Zip Code)  Martin Glenn One Bowling Green--Courtroom: 501 United States Bankruptcy Judge New York, NY 10004-1408 Souther District NY Case:12-12020-mg Courtroom Deputy: Deanna Anderson--(212) 284-4037					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 2,000,000	12b. PERSONAL INJURY 8,000,000	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights). 10,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 		13b. PHONE NUMBER OF PERSON SIGNING FORM 408-891-9677		14. DATE OF SIGNATURE 01/26/2015	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

Pg 3 of 4  
INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

N/A

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

N/A

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

02596955X



**PRIORITY MAIL EXPRESS™**

Federal Agency Acct. No. of Postal Service Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY) ☒ 1-Day ☐ 2-Day

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage
-------------	---------------------------------------	---------

550

Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee

☐ 10:30 AM  
☒ 12 NOON  
☐ 3:00 PM

Time Accepted	10:30 AM Delivery Fee	Refill Receipt Fee	24-Hr Animal Transportation Fee
---------------	-----------------------	--------------------	---------------------------------

Weight	<input type="checkbox"/> Flat Rate	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$ \$ 2.70
	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 2.70	\$ 2.70
lbs. ozs. 2.7	Acceptance Employee Initials [Signature]	\$ \$ 22.69	

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY)	Time	Employee Signature

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 2-CUSTOMER COP

2-CUSTOMER COPY

Today's Postal Service is hiring!  
Immediate openings available for City  
Carrier Assistants (CCA) in many locations.